

● PRINTER RUSH ●

(PTO ASSISTANCE)

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|---------------|-------------------|-------------|-----------------------|-------|------------------------------|
| Application : | <u>10/635,960</u> | Examiner : | <u>chan</u> | GAU: | <u>2616</u> |
| From: | <u>4P</u> | Location: | <u>ADC</u> FMF FDC | Date: | <u>6/13/08</u> |
| | | Tracking #: | <u>EPM 10/635,960</u> | | Week Date: <u>6/21/08</u> |

| DOC CODE | DOC DATE | MISCELLANEOUS |
|---|------------------|--|
| <input type="checkbox"/> 1449 | | <input type="checkbox"/> Continuing Data |
| <input type="checkbox"/> IDS | | <input type="checkbox"/> Foreign Priority |
| <input checked="" type="checkbox"/> CLM | <u>2-19-2008</u> | <input type="checkbox"/> Document Legibility |
| <input type="checkbox"/> IIFW/FWCLM | | <input type="checkbox"/> Fees |
| <input type="checkbox"/> SRFW | | <input type="checkbox"/> Other |
| <input type="checkbox"/> DRW | | |
| <input type="checkbox"/> OATH | | |
| <input type="checkbox"/> 312 | | |
| <input type="checkbox"/> SPEC | | |

[RUSH] MESSAGE: claim 6 depends on a canceled claim 5.
Please resolve.

thank you
18P

[XRUSH] RESPONSE:
The applicant has agreed to change the dependency of claim 6 from claim 5 to claim 1 via an applicant Supplement Amendment.

INITIALS: S.C.

EXAMINER: PUBS contacts -- for DESIGNS: Don Fairchild, 703-308-9250 x126; for ALL OTHER FILES: Bernadette Queen, 703-308-9250 x121

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.